Universal Health Coverage in East africa

Report by **Medic East Africa**

"Universal Health Coverage is defined as ensuring that all people have access to needed health services (including prevention, promotion, treatment, rehabilitation and palliation) of sufficient quality to be effective while also ensuring that the use of these services does not expose the user the financial hardship."

World Health Organisation

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Introduction to Universal Health Coverage in Africa

Investment in Africa's health systems is key to inclusive and sustainable growth. According to the World Bank, strong economic growth in recent years has helped reduce poverty to 43 % of the population. Yet, as Africa's population expands - it is estimated to reach 2.5 billion by 2050 - the region faces a critical challenge of creating the foundations for long-term inclusive growth.

According to World Health Organisation (WHO), worldwide, lack of affordable, quality healthcare has continued to keep many people in poverty and each year, large numbers of households are pushed into poverty because they must pay for health care out of their own pockets.

Globally, every year, about 100 million people are pushed into poverty due to catastrophic out-of-pocket expenditure on health care. In addition, about 30 % of households in Africa and Asia have to borrow money or sell their assets to pay for health care.

Many countries still contend with high levels of child and maternal mortality. The WHO estimates that every day, approximately 830 women die from preventable causes related to pregnancy and childbirth and 99 % of all maternal deaths occur in developing countries. However, in sub-Saharan Africa, a number of countries halved their levels of maternal mortality since 1990.

Malnutrition is still a very real problem in Sub-Saharan Africa. According to research published in the science journal Nature, no African country is expected to reach the UN target of ending childhood malnutrition by 2030.

In addition, most health systems are not able to deal effectively with epidemics and the growing burden of chronic diseases, such as diabetes. Research by Pastakia, Sonak D et al. highlights that the Sub-Saharan region faces unique challenges in combating the disease including lack of funding for noncommunicable diseases, lack of availability of studies and guidelines specific to the population, lack of availability of medications, differences in urban and rural patients, and inequity between public and private sector healthcare. Because of these challenges, diabetes has a greater impact on morbidity and mortality related to the disease in sub-Saharan Africa than any other region in the world.

With these challenges in mind, the WHO calls for renewed commitments and accelerated progress toward Universal Health Coverage (UHC) - the principle that everyone receives needed health services without financial hardship – and the United Nation's Sustainable Development Goal (SDG) 3.

United Nation's sustainable development goal (sdg) 3

SDG3 calls on countries to "achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all."

Most countries in the Eastern and Southern Africa subregion have integrated UHC as a goal in their national health strategies. Nine out of the 20 countries in the subregion are signatories to the UHC 2030 Global compact. Seven out of the 20 countries have developed consensual multisectoral UHC roadmaps in a highly participatory manner. Further, some countries have witnessed national level launches of their UHC roadmaps as well as events to mark "UHC day" with extensive media coverage.

Yet, progress in translating these commitments into expanded domestic resources for health, effective development assistance, and ultimately, an equitable and quality health service, and increased financial protection, has been slow. The low investment in health, inadequate and inequitably distributed human resources for health, fragmented health information systems, weak infrastructure and medicines stock-outs are hurdles to overcome.

There is no one-size-fits-all approach to achieving UHC - strategies will depend on local circumstance and national dialogue. Despite the great diversity of African countries, many are facing common challenges.

Private sector involvement

A report by the African Development Bank highlights that Africa's private sector accounts for over four-fifths of the total production, two-thirds of total investment, and three-fourths of total credit to the economy and employs 90 % of the working-age population.

Of the total health private providers captured expenditure of US$16.7 billion in sub-Saharan Africa in 2005, about 50 % . These statistics imply that while health may be conceived as a public good and a basic human right, its provision is currently not exclusively delivered by government. It is becoming increasingly important to involve the private sector to supplement and reinforce the services of the public sector.

The World Bank has outlined four pillars on which UHC sits: health financing, service delivery, inputs (drugs, human resources, etc.), and health-sector governance. Through its financial and innovative capacity, the private sector can play a crosscutting role in expanding the scope of all these pillars, improving the quality of care.

Opportunities for private sector growth

1. Financial protection

Risk pooling through a mix of public and private funding models, so as not to compromise on equitable models of healthcare delivery that provide both access and affordability

2. Strengthening health service delivery

Private investment in infrastructure, investment in secondary and tertiary-care provision, mobilisation of additional resources to meet needs, strong network of supply chain that guarantees effectiveness, introduction of new services and products that enable the ease of healthcare delivery, etc.

3. Inputs

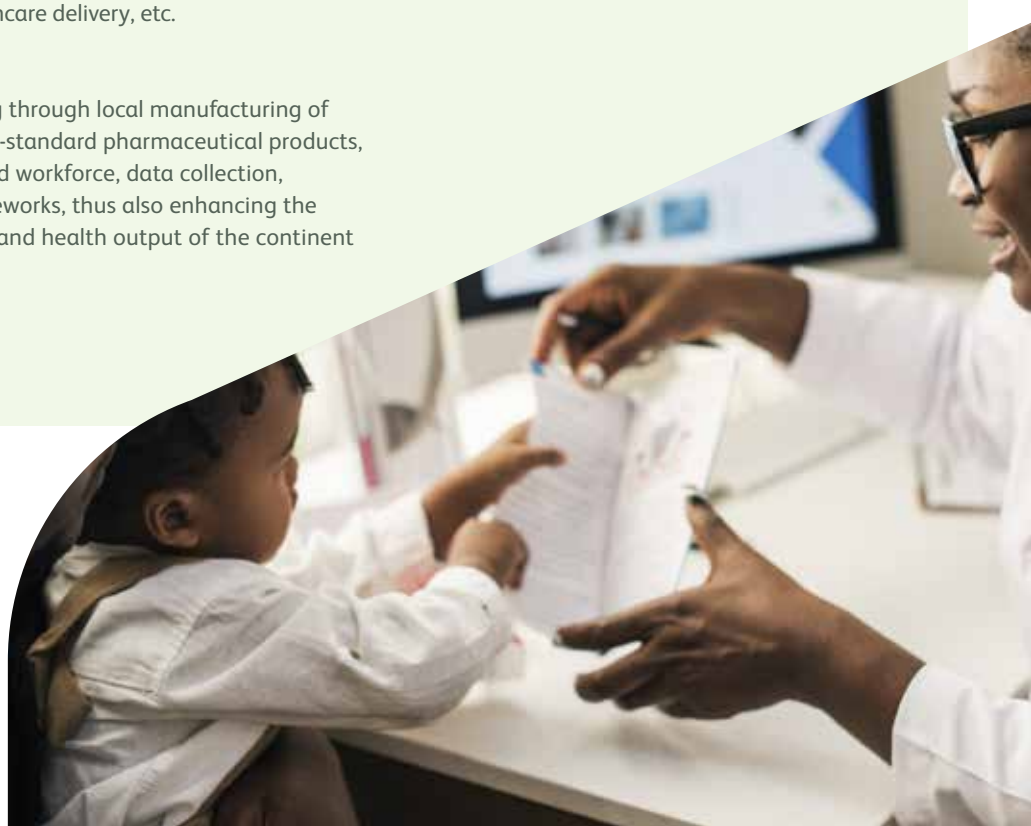
Capacity-building through local manufacturing of quality and up-to-standard pharmaceutical products, trained and skilled workforce, data collection, monitoring frameworks, thus also enhancing the economic, social and health output of the continent

4. Good governance

Participatory governance with appropriate channels of accountability and regulation with representation from all aspects of the industry.

5. Fostering innovations

Enabling technology to fill health systems needs and introducing innovations that would benefit the wider populations that don't have access to education and advanced technology.



Source: World Economic Forum

Tanzania

Healthcare in numbers

57,500,000
Population

W 67/M 63
Life expectancy at birth women/men

47/1,000 live births
Infant mortality rate

Neonatal Disorders
Most death in 2017

Dietary Iron Deficiency causes most disability in 2017

3.6%
Prevalence of diabetes in adults

UHC in Tanzania

The 1967 Arusha Declaration set Tanzania on a path towards nationalised healthcare, but in the face of rising costs, cost sharing policies were implemented beginning in the 1990s; today the government runs four health insurance schemes alongside multiple private options, but the vast majority of the population remains uninsured, leading to significant inequities in access to care.

Tanzania's 4th Health Sector Strategic Plan (2015-2020) provides for a new health financing strategy aimed at helping the country achieve Universal Health Coverage, by addressing this complex and fractured health insurance market.

Unicef has reported that health insurance coverage in Tanzania has been growing steadily. A single national health insurance holds the hope of increasing the resources available for health and providing basic Universal Health Coverage.

Furthermore, according to Unicef, health insurance coverage has grown in recent years although coverage of special groups (those requiring a government subsidy to access care) dropped in FY 2016/2017.

However, currently, we are seeing inequities in healthcare provision because the health insurance system favours certain people and not others. For instance, the services obtained by a person with Community Health Fund insurance do not match those of a person with National Health Insurance Fund.

The number of people covered by the National Health Insurance Fund increased by 13 per cent from FY 2016/2017 to March 2018. The number of registered health providers has expanded rapidly. Membership of Community Health Funds expanded by 9 % from FY 2016/2017 to March 2018.

Health insurance

16.1%	Types of insurance / saving products (estimation of beneficiaries as % of the population)
5.6%	National Health Insurance Fund (Public): benefit package includes basic lab tests, outpatient services, in-patient and specialist care; open to formal public and other sector employees and specific groups (e.g. students, children below 18 yrs & registered economic activities groups), 6 % payroll tax apply for those in formal sector.
0.1%	Social Health Insurance Benefits of National Social Security Fund (NSSF-SHIB) (public); benefit package for members of National Social Security Fund, open to formal and informal sector. No premium charged after contributing 10 % income as pension serving.
8.4%	CHF / TibaKwaKadi (TIKA) (public): basis healthcare coverage to low-income households' informal sector; fixed premium rates
1.0%	Private Health Insurance (PHI); various packages and various fixed premiums
1.0%	Community Based Health Insurance / Micro Insurance; (private) covers primary and hospital care; informal sector; various fixed premiums

Source: based on Bultman, Mushi (2013), Options for Health Insurance Market Structuring and interviews local experts

Source: Population Reference Bureau 2017: Tanzania/ Healthdata. org/ IDF

Source: https://www.pharmaccess.org/wp-content/uploads/2018/01/The-healthcare-system-in-Tanzania.pdf

Organization of national insurance: sources and expenditures of nhif

Medic East Africa

By Informa Markets

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